PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/711,441			ing Date 19/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A		N/A		N/A	1 (0)	1	N/A	TLE (0)
П	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A	
\vdash	(37 CFR 1.16(k), (i), (EXAMINATION FE		N/A	_	N/A		N/A		ł	N/A	
то	(37 CFR 1.16(a), (p), TAL CLAIMS						X S =		OR	x s =	
	CFR 1.16(i)) EPENDENT CLAIM	e	minus 20 =		-				- OK		
	CFR 1.16(h))		minus 3 =				x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s		on thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	05/20/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.160))	• 24	Minus	 26	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 11	Minus	···11	= 0	1	x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))								İ		i
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,160))		Minus		=	1	x \$ =		OR	x \$ =	
Ž	Independent (37 CFR 1,16(h))		Minus	***	-	1	x \$ =		OR	x \$ =	
Ī	Application Size Fee (37 CFR 1.16(s))]]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" if the entry in column 1 is less than the entry in column 2, write '0' in column 3. " if the "Highest Number Previously Paid For I'N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For I'N THIS SPACE is less than 10, enter 1"3".											

This collection of information is organic by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is governed by \$3 U.S.C. 122 and \$3 CFR 1.4. It has location in estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 22313-1450.